

(1) OWNER: Name Mayon, George Address LANCASTER RD. Freedland Wash
(2) LOCATION OF WELL: County Island - NW 1/4 SW 1/4 Sec 14 T 29 N. R 26 W.M.
Bearing and distance from section or subdivision corner 1400' E 900 200'S 04 Center Sec 14

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well
(if more than one).....

New well	<input checked="" type="checkbox"/>	Method: Dug	<input checked="" type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>	Cable	<input type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>	Rotary	<input checked="" type="checkbox"/>	Jettied	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.
 Drilled 381 ft. Depth of completed well ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 391 ft.

Threaded ☐ " Diam. from " ft. to " ft.

Welded ☒ " Diam. from " ft. to " ft.

Perforations: Yes ☐ No ☒

Type of perforator used.....

SIZE of perforations in. by in.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Cools

Type 5.5 cu. ft. steel Model No. _____

Diam. 6 Slot size 10 from 37 1/2 ft. to 78 1/2 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 35 ft.
Material used in seal.....
Did any strata contain unusable water? Yes ☐ No ☒
Type of water?..... Depth of strata.....
Method of sealing strata off.....

(7) PUMP: Manufacturer's Name.....
Type: HP.....

(8) WATER LEVELS: Land-surface elevation above mean sea level. 350 ft.
 Static level 331 ft. below top of well Date _____
 Artesian pressure lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? Dr. Miller

Yield: 17 gal./min. with 1 ft. drawdown after 4 hrs

..
..

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
.....
.....
.....

Date of test
 Bailer test gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top soil	0	3
Sand dk.	3	10
H.P. Grey	10	74
H.B. sandy & Gravel	74	105
Gravel	105	114
Clay & sand w w	114	122
Clay Blue	122	190
S. sand & clay	190	230
S. Sand Grey	230	335
Coarse sand w w	335	381

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~~AUG 8 1979~~

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Work started 7/12, 1979. Completed 7/14, 1979.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Btw Drilling Co.
(Person, firm, or corporation) (Type or print)

Address P.O. Box 55 Freedland 99249

[Signed] James Miller C. Lebrun
(Well Driller)

License No. 263 Date 7/12, 1979



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: APH046

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☒ Well Report not available

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MAR 23 2007

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WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Maple Hill Community Association

Street Address: 5825 S PANORAMA DR

City: FREELAND

State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: Panarama Dr/R22914-210-2480

City: _____

County: Island

T. 29N

R. 02E W.M.

Sec. 14

NE 1/4 of the SW 1/4

FOR AGENCY USE ONLY

Latitude: 47 59.92742

Longitude: 122 31.19594

Elevation at land surface 328 feet meters (circle one)

Additional Information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other: Computer Generated from

DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



ISLAND COUNTY
PUBLIC HEALTH
ALWAYS WORKING FOR SAFER AND
HEALTHIER COMMUNITIES

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Follow Fork To The Left. Use Green Gate On Right. Pumphouse And Wellhead Are Near Large Silver Tank.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 29N/02E-14

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt